1	B	1	1	3
1	U	1	0	4

I. PLACE OF DEATH	49)
County Garrett	Registration Dist. No. 164
Village or City Near XHXXXX Accident.	NoSt,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  osds. How long in U.S. N of foreign birth?
	is us. How long in 0.3.11 of foleign birth:yis mos us.
2. FULL NAME Mrs. Lucinda Brenneman	
(a) Residence: No.	St., Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED, WIDOWED,	21. DATE OF DEATH
Timale white Married	Oct. 14th., 1937 (Month) (Day) (Year)
5a. IL-married, widowed, or divorced HUSSAND of (or) WIFE of Maklow Brenneman  6. DATE OF BIRTH (month, day, and year) 2 /24 /881	June   HEREBY CERTIFY, That I attended deceased from 1937, to Oct. 14th., 1933
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
52 7 21 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Rouse Level  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	of both ovaries. The process had extended to other parts of the pelvis and abdominal wall.
12. BIRTHPLACE (city or town) Mc Henry Md	Other Contributory Causes of importance:  Acute inflamation
13. NAME Mallon Glatfelty 14. BIRTHPLACE (city or town). Penna	- Acute IIII lamation
[ 14. BIRTHPLACE (city or town) Penna	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Gane Unne Jage 16. BIRTHPLACE (sity or town) Milliam (State or country)  17. INFORMANT Mallor Brennamon (Address) accident Ald  18. BURIAL, CREMATION, OR REMOVAL lemesay	Accident, sulcide, or homicide?
Place yearfly Date 10-17, 1983	24. Was disease er injury in any way related to occupation of deceased? No.
19. UNDERTAKER Win Minutely 9  (Address) yeartsealle All.  20. FILED Oct, 15 19.3.3 ( Criefitate)	(Signed) A Manusett M. D.
Registrar.	(Address) / Accident, Maryland.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
// NOV gran			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	-------	-----	---------	------------	----	-----------

-		<b>W</b> 2	0	2
1	HIS	pe	pe	jo
MARGIN RESERVED	BWRITE PLAINLY, WITH UNFADING INK-THIS I	mation should be carefully supplied. AGE should be s	CAUSE OF DEATH in plain terms, so that it may be p	TION is very important. See instructions on back of ce
公	NK	sh	it	no
기	G I	GE	hat	ns
7.	Ž	K	so t	ctio
215	AD	ed.	18, 8	true
P K	Ň	ppli	erm	ins
K	1 I	Sul	in t	see
1	E	ılly	pla	. :
Z	-	refu	in	tant
	LY,	ca	TH	por
	Z	pe	EA	imi
_	PLA	pluc	FD	ery
	E E	sho	0	IS V
	RIT	ion	CSI	Z
4	-W	mat	CA	TIO
110.1	B	-		

STATE OF N	MARYLAND-	CERTIFICATE OF DEATH	183
1. PLACE OF DEATH		(19)	
County Farrett	**************************************	Registration Dist. No.	,
Village or City Oakland		No	Ward
Length of residence in city or town where death occ  2. FULL NAME Dles about he		death occurred in a hospital or institution, give its NAME instead of street and num  ds. How long in U.S. if of foreign birth?yrsmos.  MMM.9.	
(a) Residence: No.		St., Ward.	
	sual place of abode)	If nonresident give city or town and Sta	le
PERSONAL AND STATISTICAL  3. SEX, 4. COLOR OR RACE 5. SING		MEDICAL CERTIFICATE OF DEATH	
Tumace White OR	CLE, MARRIED, WIDOWED, DIVORCED (write the word)  Augle	21. DATE OF DEATH  (Month) (Day)	93 <u>3</u> (Year)
50. It married, widowed or divorced HUSBAND OF Chester A. S	covering	22. I HEREBY CERTIFY, That I attended dec	eased from
6. DATE OF BIRTH (month, day, and year)	26-1432	liast saw held alive on Old "11 1933; d	eath is said
7. AGE Years Months  One Alvey Li	Days If LESS than I day,hrs.	to have occurred on the date stated above, at 2, 5, 2, 4, m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done as SPINNER	1	A. A	ate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	uv-	acute also- Volitis	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
	1. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Cale (State or country)	and	Other Cautributory Causes of importance:	
13. NAME Place strange H.	130 mars 1 0		
13. NAME Che steen H.  14. BIRTHPLACE (city or town) Pyria.	1,000	Many of a special	
(State or country)	Delin V	Name of operation Date of What test confirmed diagnosis? Was there an auto	
15. MAIDEN NAME Able V.  16. BIRTHPLACE (city or town)	Chance	23. If death was due to external causes (VIOLENCE) fill in also the following:	DSY!
16. BIRTHPLACE (city or town)	- A	Accident, suicide, or homicide? Date of injury	., 19
17. INFORMANT Chestery H,	Byourn	Where did injury occur?	
(Address)	d ud,		
Place Calclassa. Dates	Def, 13,1933	Manner of injury	
19. UNDERTAKER AND OF O	18 olden	24. Was disease or injury in any way related to occupation of deceased?	
20. Fixed . 3 1933 Julia	Registrar.	(Signed) Henry W. M. Willas.  (Address) Galland Ma.	M. D
If more blanks are	needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CHAROSH	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4o. 1	MARGIN RESERVED FOR BINDING
WRITE PLAINLY,	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
mation should be car	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state
CAUSE OF DEATH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is very importa	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	160-2)
County Garrett	Registration Dist. No. (66
Village or City Crellin Mcl	ND. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
11'21	03
2. FULL NAME WILLIAM	O. Wd
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrige the word)	21. DATE OF DEATH act 13 193 3
Sa. If married, widowled, or divorced	(Month) (Day) (Year)
HUSBAND OF WILT	22 HEREBY CERTIFY, That I attended deceased from 12 1933 to 10 (3 1933)
6. DATE OF BIRTH (month, day, and year) Let, 12, 19 3 3	I last saw happy alive on Oct 12, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hr	The Land of the Carry of DEATH and related causes of importance
9 Trade profession or particular	Date of onset
Industry or business in which	Jakan Certifical
work was done, as SILK MILL, SAW MILL, BANK, etc.	The delice the state of the sta
10. Dato deceased last worked at this occupation (month and year) spent in this occupation occupation.	
12. BIRTHPLACE (city or town). Crellin mel	Other Contributory Causes of importance:
(State or country)	
13. NAME Ralph De Witt	
14. BIRTHPLACE (city or town) Crelling	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marie Devore	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Crelly Md	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Colych Coll (Address) Chellin III	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL GREMATION, GR. REMOVAL A 1 1/4 3	Manner of Injury
Place Date J., 19	Nature of injury
19. UNDERTAKER Comory Bolclen	24. Was disease or injury in any way related to occupation of deceased?
(Address) Outlands mov.	If so, specify
20. FILED et. 4., 19 della Cowa Registrar.	(Signed) M. D.
	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CRAIROSM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10185
1. PLACE OF DEATH	93-0
County Garrell	Registration Dist. No.
Village or City Crellen Mil	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
. 1 1	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME euro Venton fine	repuld
(a) Residence: No. Outlier Mr.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Of DIVORCED (write the word)	Wen 14" 1933
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of align Jame Keekands	22. Oct 14" 1933 to Oct 14 1933
6. DATE OF BIRTH (month, day, and year) Oct. 18, 1852	I last saw him alive on Oct . 14 , 19 3 3; death is said
7. AGE Years Months Days If LESS than	lo have occurred on the date stated above, at 1230 Pm.
80 11 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
8 Trade profession or particular	ware es follows: Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	arterio relevou
9. Industry or business in which work was dona, as SILK MILL.	
work was dona, as SILK MILL, SAW MILL, BANK, etc	cardio relevores
10. Data deceased last worked at this occupation (month and 1974 spant in this occupation cocupation	
Whixe P	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E MAL	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
716	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide?
11 00 001	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Selle Cullen Ma.	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of injury
Place Cartains 100 Date 16 1972	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of daceased?
10/1/22 10 -	(Signed) H. W. II Ovillas, M.D.
20. FILED Registrar.	(Address) Casiland Md
The state of the s	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Inno We

If there blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	ļį.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
25 2 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
30			

ADDITIONAL SP	PACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	--------	-----	---------	------------	----	-----------

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1	A Le MAN	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	\\@\\\@\\\@\\\@\\\@\\\@\\\@\\\\@\\\\@\\\\	
9		
	1915 1921 July 5 ,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

OCCUPA-

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	0.1
1. PLACE OF DEATH	4	(119)	1
County Turn	el	Registration Dist. No. 16	4
Village or City	est District	5_NoSt.,	
Length of residence in city or town where d		If death occurred in a hospital or institution, give its NAME instead of street and itsds. How long in U.S. if of foreign birth?yrsmm	n umt
2. FULL NAME Dons	Id Ray No	icklose	
(a) Residence: No. Accu	dent Olista	et St# 5 Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
3. SEX 4. COLOR OF RACE	the second secon	MEDICAL CERTIFICATE OF DEATH	
male white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25 (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of			1
(or) WIFE of		20ct. 28 1933. 10 Ct. 28	dece
6. DATE OF BIRTH (month, day, and year)	Lau 14-1932	I last saw ham alive on Oct, 28 , 19.83	; de
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at N. 14. J. h. &	
1 5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Da
8. Trade, profession, or particular kind of work done, as SPINNER.		Jucifle Bastro	
SAWYER, BOOKKEEPER, etc		enertis	
work was done, as SILK MILL,			
10) Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributory Canses of Importance:	-
12. BIRTHPLACE (city or town) Sarry	the Co. ma	I Do de antime with	-
(State or country)	61		
13. NAME Ray Nick  14. BIRTHPLACE (city or town). ad	P. P.	romiting	
14. BIRTHPLACE (city or town)	diam. a	Name of operation.	_ر
	Halliday	What test confirmed diagnosis? On grand Was there an a	
<u> </u>	rett. Co Ims	23. If death was due to external causes (VIOLENCE) fill in also the following	
(State or country)	1	Where did injury occur?	
17. INFORMANT Ray Mio	Klow D	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	e) ACF
(Address) Some	Rield a.		
18. BURIAL, CREMATION, OR REMOVAL	0-6304 22	Manner of Injury	
Place William C	Date 1953	Nature of injury	
19. UNDERTAKER H. B. Mist	releasper	24. Was disease or Injury In any way related to occupation of deceased?	1/2
(Address) add	our la	If so, specify 2 M	
20. FILED Oct 27 , 1933 (1	Jt Veulter	(Signed) 3. 411/344600	
	Registrar.	(Address) Lacuson I	11

street and number)

\_\_\_\_\_ds.

193.3. (Year)

Date of onset

there an autopsy?.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY,

	County	Garre	et <b>t</b>				Re	egistration Dist. No.	14	166
	Village or C	ity	akland			ND.	Second		St	Ward
	Laneth of cost	damen in all	Aur au Aanna Ingelli a	and a constant	63 yrs mos	death occurred in a ho	orpital or institution, gi	ve its NAME instead of	street and	number)
							ong in U.S. it of foreig	gn birtn?yrs.	n	nosds.
2	2. FULL NAI	ME			rong Offu	TT				
	(a) Residen	ce: No	),	econd (Usualplac		St.,v	Vard.	nonresident give city o	r town and	d State
	PERSON	AL AN	D STATIST	CAL PART	TICULARS	ME	DICAL CERT	FICATE OF D	EATH	
	sex emale		ROBRACE Prican		RRIED, WIDOWED, ED (write the word)	21. DATE OF	DEATH Gober	4th,		., 193
5e.	HUSBAND of (or) WIFE of			n Offut	t, decd.	22. I H	EREBY CE	RT1FY, Thet	l ettended	I deceased from
			Λ.	nnil 28	8th. 1848	70 1 10	, 19	to Oct. 4. 4, 1933		
-	DATE OF BIRTH ( AGE Year		(, and yeer)	Days	If LESS then		the date stated ebove		., 19	; death is seld
	85		5	6	1 day,hrs.			related causes of impor	tance	Date of onset
N	8. Trade, profes kind of w SAWYER,	sion, or pe	erticular es SPINNER.	House	wife					
E	SAWYER, 9. Industry or 1						cal Embolis			3 Days
UP/	work wes	done, es S	SILK MILL,			Chron	le Endo & M	hyocardial	De gen	eration
OCCUPATION	10. Date deceese		ked et oth and	Sp	time (years) ent in this supetion					
12.	BIRTHPLACE (cit	y or town).	Pe	tersbur	g,	Dther Coutributory	Causes of Importance			
2	13. NAME	Teli	x Renix	Seymon	r					
FATHER					g W.Va.	Neme of operation			Date of	
F	(Stete or		,					We:		
ER	15. MAIDEN NAM	ME E	lizabet	h Welto	on			OLENCE) fill in elso th		
MOTHER	16. BIRTHPLACE (Stete or		wn) M00	refield	l, W. Va.	9	r homicide?	Date of inju		~
17.	INFORMANT			am R.			(Sp	ecify city or town, cour STRY, In HOME, or in f	ity and Sta PUBLIC PL	te) .ACE.
18.	BURIAL, CREMATI	on or r				Manner of injury Nature of Injury				
19.	UNDERTAKER	Em	roy Bold	len id, Md.				ted to occupetion of dec		
200	FILED . S	, 1	33 W	infor	Registrar.	(Signed) (Addres	· / -   0 a	land	md	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE O County\_\_\_\_ Village or C

Length of resi

(a) Residen

2. FULL NA

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 10190
Sarrett		Registration Dist. No. 162
ity <i>Nest acc</i> dence in city or jown where death	CI	NDSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
ME Hanne ce: No. Aman	el law lol tam Pa (Usual place of abode)	St., Ward.  If nonresident give city or town and State
AL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH Oct 2 2 , 193 3 (Year)
marthe /	mesbury	22. I HEREBY CERTIFY That I attended deceased from 22, 19 33, to CET, 22, 19 33
month, day, and year)	Dar 1, 1898	I last saw h alive on, f9; deeth is said
rs Months	Days  If LESS than f day,hrs. ormin.	to have occurred on the date steted above, at G = 30 pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
ssion, or perticular work done, as SPINNER, BDDKKEEPER, etc.	entist	Ofractured spell Date of onset
business in which		

PERSON 3. SEX 5a. If married, widov HUSBAND of 6. DATE OF BIRTH 7. AGE 8. Trade, profes OCCUPATION SAWYER 9. Industry or work was done, as SILK MILL SAW MILL, BANK, etc.\_\_\_\_ 1D. Date deceased last worked et this occupation (month and 11. Total time (years) spent in this vear) \_\_\_ occapation \_\_\_\_\_ 12. BfRTHPLACE (city or town) (State or country) FATHER f3. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis? MOTHER f5. MAIDEN NAME 23. If death was due to externel Accident, suicide, or homicide f6. BIRTHPLACE (city or town) (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE f7. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Neture of injury 24. Was disease or injury in any wey related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify

V. S. No. 1

B

ż

Registrar.

(Signed).

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample 1		Example II		
The principal cause of dear of importance were as follo	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	(40) W 1500	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	BURLE U.V.	9 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DOLLE	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		WON V 1822	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FUE	RTHER STATEMENTS BY PHYSICIAN
to authorization of dat	e of birth see letter,
left sinder 1 Pa mason	
V .	

	LAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	uld be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
	ORD. Every	IYSICIANS	statement	1
	IT RECC	LY. PE	. Exact	
INDING	RMANEN	XACTI	classified.	
FOR B	IS A PE	stated E	properly	cortificate
MARGIN RESERVED FOR BINDING	NK-THIS	should be	it may be	ry important Sao instructions on book of contificate
GIN RES	ADING I	ed. AGE	is, se that	fructions
MAR	TH UNF	illy suppli	plain term	Soo ine
	AINLY, W	d be carefu	DEATH in	important
		=	_	1

See instructions on back of certificate. TION is very important. mation shou N. B.-WRITE P.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	940
County	Registration Dist. No.
Village or City DE See Page 2000 (16	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U. S. if of foreign birth?yrsmos,ds.
2. FULL NAME GOLD Serypero	~
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  male  white  sometimes  married	21. DATE OF DEATH Och 15 1933
5a, 1f married, widowad, or divorced	(Month) (Day) (Yaar)
HUSBAND of Mrs Estel, B. Sempean	22. HEREBY CERTIFY. That I attanded decassed from
6. DATE OF BIRTH (month, day, end year) Oct. 1, 1886	I last saw have alive on OA 16 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 7.30 Am.
46 46 15 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER.	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Cargina Celan Och 6'193
SAWYER, BOOKKEEPER, atc. Seember Manual Sawyer Bookkeeper, atc. Sawyer Bookkeeper Bookk	
20. Data dacaased last worked at 11. Total time (years)	
this occupation (month and year) - Cef. 14, 19.33 spent in this occupation 10 up	
12. BIRTHPLACE (city or town) New Germany, md.	Other Contributory Causes of importanca:
(State or country) Maryland	
13. NAME Wanald Sinkow	
13. NAME Warald Scriptore  14. BIRTHPLACE (city or town) Jaluarintas	Name of oparation Data of
(State or country) Canada	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many M. Harrish)	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary M. Harrich	Accident, suicide, or homicide? Data of injury
(State or country) maryland	Whare did Injury occur?
17. INFORMANT Mars m. Sinipare	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Prantaile md	Special mary securing in Hebester, in Home, or in Poblic Place.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Thuyersull Date & El 18, 1923	Nature of injury
19. UNDERTAKER EMPLY Bolden	24. Was disease or injury in any way ralated to occupation of deceasad?
(Addrags) Oaklan CA	If so, specify
11 33 May (2000) las	(Signed) J. Danelus M.D.
20. FILED Registfar.	(Address) Parland mil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		DADAME TO THE		
Other contributory causes of importance:		Other contributory causes of importance:	17.07	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------